

MIKE CHANEY
Commissioner of Insurance



501 N. West St.
1001 Woolfolk State Office Building
Jackson, MS 39201
P.O. Box 79
Jackson, MS 39205

STATE OF MISSISSIPPI
Mississippi Insurance Department
www.mid.state.ms.us

ENTITY LICENSE AMENDMENT FORM

Pursuant to Miss. Code Ann. § 27-15-87 (Supp. 2009), there is a \$50.00 fee to amend a license and receive a duplicate license. You may amend your license electronically at www.sircon.com/mississippi, or return this form with a \$50.00 payment to the Mississippi Insurance Department at the address above.

Name of licensee (please print) _____

Current Mississippi License #: _____

Check the license type you wish to amend:

☐ Insurance Producer Entity ☐ Limited Lines Insurance Producer Entity

☐ Limited Line Credit Insurance Producer Entity

- Name Change (New Name)

- Add a Designated Responsible Producer (No fee required):

Name of Additional Designated Responsible Producer: _____

License Number of Designated Responsible Producer: _____

- Remove a Designated Responsible Producer (No fee required):

Name of Removed Designated Responsible Producer: _____

License Number of Removed Designated Responsible Producer: _____

* To change an entity's FEIN will require a new application to be completed and submitted to the Department.

* Additional Designated Responsible Producers may be added or removed by attaching an additional list of these individuals to this form (name and license number must be included).

Authorized Representative of Licensee (print): _____

Date: _____

Authorized Representative of Licensee (signature): _____

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